Annual DoD/VA Suicide Prevention Conference

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Agenda

- Prevalence of suicide
- Scope of the problem
- Diverse populations
- Risk factors
- Protective Factors

What the media is telling us.....

- In 2012, we lost 154 military service members to suicide during the first 155 days of this year
- The suicide rate leveled off in 2010 and 2011
- Runaway numbers

African American female soldiers

- Have the lowest rate of suicide
- AA women have the lowest rate of suicide in general
- Socialization differs from the dominant culture
- Can we "bottle" AA female behavior and spread it out to other cultures….

Army data suggest soldiers with multiple combat tours are at greater risk of dying by suicide

However, a *substantial* proportion of Army suicides are completed by soldiers who never deployed.

Burns, Robert (2012) Suicide rates surge among US Troops, *The Reporter.Com*

Scope of Problem

- No one comes home from war unchanged
- Unfortunately, many psychologically wounded troops fall through the cracks
- The hallmark mental health injury for veterans is PTSD
- In February 2006, the VA claimed it was expecting only 2,900 new veteran PTSD cases in FY 2006. The actual number was roughly 6 times that (17,827) and as a result the VA failed to plan for the in coming veterans and failed to spend money it was allotted for mental health care. And in that year we lost 113 vets to suicide.
- (untreated mental illness is the leading cause of suicide)

  - Mental Health Injuries: The Invisible Wounds of War, *IAVA*, January, 2008

How do we simplify suicide prevention and intervention?

We recognize the risk factors and amplify the protective factors!

Risk and protective factors differ among the diverse populations classified as Veterans.

Diverse populations we need to pay attention to.....

- People of color
- Working class women
- English as a second language
- Older adults
- Younger adults
- Lesbian/Gay/Bisexual/Transgender/& those in question about their sexuality
- Non Christians (World faiths other than Christianity)
- Single mothers
- Single adults
- Veterans who exp combat/and those who did not

Cultural Competence is a Quality of Care Issue.

There should be integration at all Levels of Care

The Medical Gaze

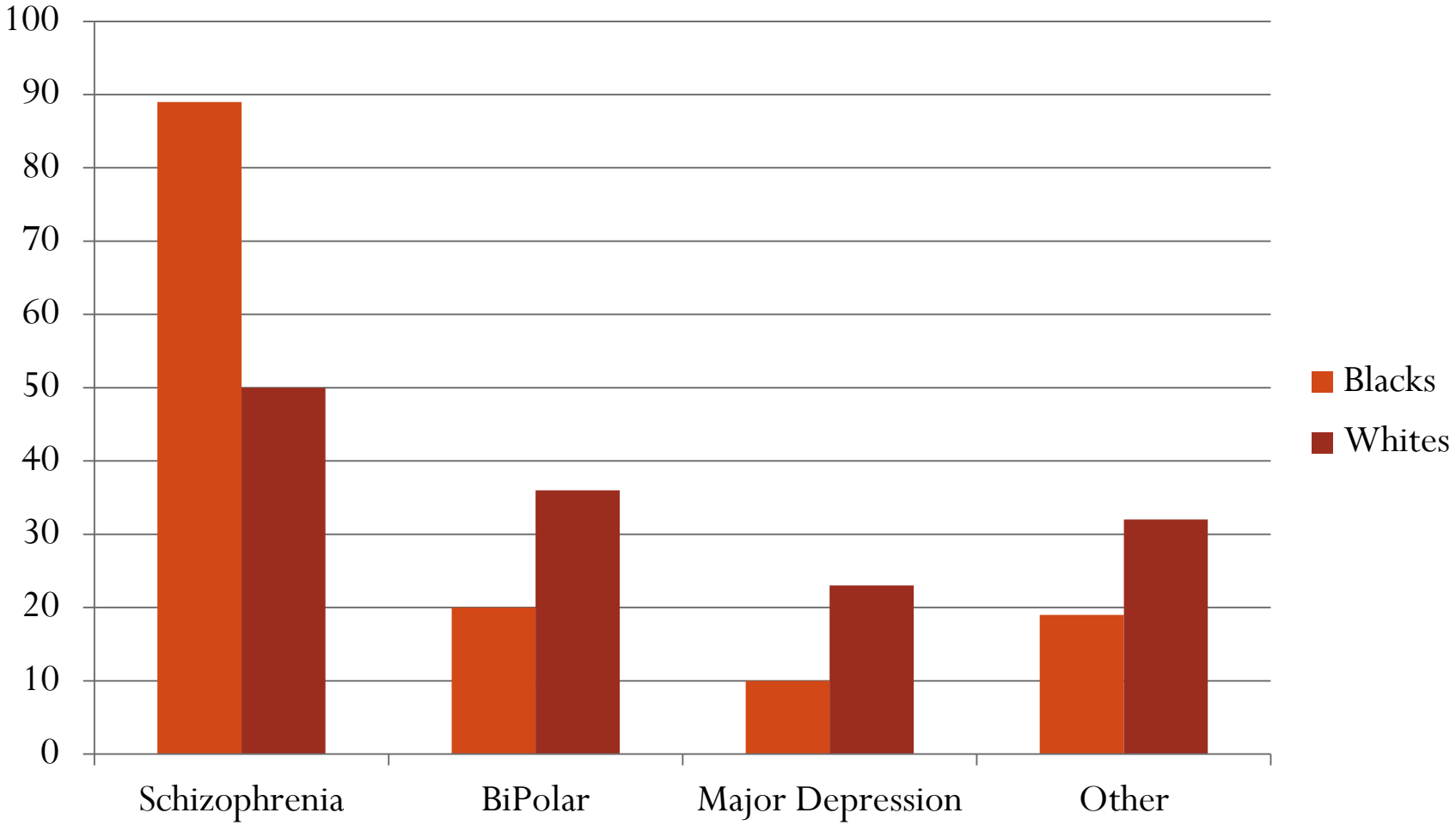
- Power structure where dominant knowledge reigns
  - Time
  - Efficiency
  - Patients who meet the criteria of good health care
  - Social data often is not gazed upon

Foucault, Michel, The Birth of the Clinic, 1963

Clinician Bias

- Patients being cautious and protective or expressing wariness can be misinterpreted as “paranoia”
- Anger among black male patients can be misinterpreted as “violence”..thus the stereotype of violence is the common denominator of the diagnosis of schizophrenic disorders

Schizophrenia Over-Diagnosed in African Americans



REFERENCE	RESULTS	SETTING
Delbello et al.2001	AA more likely to be diagnosed with schiz then W	Inpatient adolescent facility
Blow FC,et al. 2004	AA 4X more likely to be diagnosed with schiz then W	Veteran administration database
Barnes A, 2004	AA 4X more likely to be diagnosed then W with schiz	State psychiatric hospitals
Neighbors HW,et al. 2003	AA more likely to be diagnosed the W with schizophrenia when semi structured interview is used	Private and public inpatient facilities
Strakowski SM, et al. 2003	AA more likely to be diagnosed then W despite structured interview	Inpatient , outpatient county mental health system
Minsky S et al 2003	AA more likely then Lationos or European Americans	Behavioral health service system in New Jersey

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PROVIDER FACTORS

- Failure to communicate
  - Do not listen
  - Monopolize conversation
  - Lack of perceived respect from the provider
  - Failure to involve the patient in decision making
- Failure to engage
  - With engagement reported ethnic differences in prescribing disappear
- Failure to get adequate information
  - Often does not use family, collateral resources
- Socio-economic distance

Risk factors in general

Any stressful negative event in one's life coupled with

- Aggressiveness
- Impulsivity
- Prior attempts
- Substance abuse or any other addictive behavior
- Anguish
- "Psychache"

Risk factors (continued)

- Family rupture
- Experiences in combat, if any
- Suffering from any emotional or physical abuse
- Availability of means
- Access to the VA system
- Limited economic opportunities

Risk Factors
(common among people of color)

- Role of Acculturation
- Sense of Alienation and Marginalization
- Role of Racism and Prejudice

Protective Factors

- Strong family ties
- Strong coping skills
- Positive attitude towards help-seeking
- Resiliency
- Spirituality
- Social support (friends, relatives, professional help)

Building protective factors…

- Veteran Workforce –(examining their hiring strengths and accommodating needs)
- Awareness and cultural literacy – (understanding their challenges and strengths as well as differences)
- Peer-to-peer support (CBO that offer psychosocial support for Veterans and their families)
- Resilient families (build strength in spouses, children and extended caregivers)

Developing Cultural Competence by using appropriate measures within your operation

- Is there a real commitment?
- Are there policies in place to back up the commitment?
- Monitoring/evaluations set up?
- Lines of communication open between provider and client?
- Does the staff have the attitude, knowledge and skills to pull it off?
- Adequate resources available?

To do this.....

- Leadership
- Board/committee development
- Client, community and staff input
- Understanding the different styles of communications among the various ethnic groups – not just a few
- Is the staff willing to be trained
- Financial budget commitments

The Lewin Group, Inc, US Department of Health and Human Services, 2002

POSITIVE ATTENTION IS A HUMAN NEED

GIVE IT!

Questions?